

# Employee Clearance Form

NAME	POSITION NUMBER	EFFECTIVE DATE OF CLEARANCE
TYPE OF ACTION		
_____ Transfer	_____ Separation	_____ Leave of Absence

Listed below are items that must be cleared prior to the release of final payment to the employee. It is the responsibility of the supervisor to discuss this with the employee, complete the form, and route it to State Personnel with the separation document.

<b>SUPERVISOR</b>		
MANUALS/PUBLICATIONS:	EQUIPMENT:	
_____ Dictionary	_____ Badge	_____ Tape Recorder
	_____ Armory Equipment	_____ Keys, Locks
_____ Other _____		
I have reviewed the records and have determined the above individual is cleared of all state property issued.		
SUPERVISOR'S SIGNATURE _____		DATE _____

<b>COMPTROLLER</b>		
ADVANCES:	CREDIT CARDS:	
_____ Salary	_____ Airline	_____ Gasoline
_____ Travel	_____ Car Charge Card	_____ Telephone
_____ Accounts Receivable		
_____ Other _____		
I certify that records indicate there are no outstanding advances or accounts receivables and that all credit cards have been surrendered.		
COMPTROLLER'S OFFICE SIGNATURE _____		DATE _____

<b>PERSONNEL OFFICE USE ONLY</b>		
_____ OTAG 900-11	_____ Accrued Leave	_____ Separation Orders
_____ or		
_____ STD 687	_____ COBRA Eligibility Form	_____ PERS-ACC-167

REMARKS: